

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 239570US25CONT
First Inventor or Application Identifier		Kimberly A ANDERSON
Title	SURGICAL INSTRUMENT AND METHOD	
	Assignee Name:	American Medical Systems
	Assignee Address:	10700 Bren Road West, Minnetonka, Minnesota 55343

PRO 5.926

Name:	Charles L. Gholz	Registration No.:	26,395
Signature:	<i>W. Todd Baker</i>	Date:	07/11/03
Name:	W. Todd Baker	Registration No.:	45,265

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kimberly A ANDERSON, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SURGICAL INSTRUMENT AND METHOD

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	9 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$750.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$750.00

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
 A check in the amount of **\$750.00** to cover the filing fee is enclosed.
 The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

W. Todd Baker

Charles L. Gholz
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Date: 07/09/03



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